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PTO/SB/01 (8/96)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td>1926-00102</td> </tr> <tr> <td>First Named Inventor</td> <td>BARRY PETER LIVERSIDGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td>10/518,950</td> </tr> <tr> <td>Filing Date</td> <td>December 17, 2004</td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	1926-00102	First Named Inventor	BARRY PETER LIVERSIDGE	COMPLETE IF KNOWN		Application Number	10/518,950	Filing Date	December 17, 2004	Group Art Unit		Examiner Name	
Attorney Docket Number	1926-00102														
First Named Inventor	BARRY PETER LIVERSIDGE														
COMPLETE IF KNOWN															
Application Number	10/518,950														
Filing Date	December 17, 2004														
Group Art Unit															
Examiner Name															

DECLARATION

☐ Declaration Submitted with Initial Filing
 OR
 ☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL NEEDLE ASSEMBLIES

(Title of the Invention)

the specification of which
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/23/2003 as United States Application Number or PCT

International Number GB03/002689 and was amended on (MM/DD/YYYY) 06/23/03
 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
02 14452.5	GB	06/22/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 02393.4	GB	02/03/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional
		<input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

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DECLARATION							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
		PCT/GB2003/002689		06/23/03			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.							
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <u>CUSTOMER NUMBER 26753</u>							
Name		Registration Number		Name		Registration Number	
Daniel D. Fetterley		<u>20,323</u>		Joseph J. Jochman, Jr.		<u>25,058</u>	
George H. Solveson		<u>25,927</u>		Joseph D. Kuborn		<u>40,689</u>	
Gary A. Essmann		<u>29,376</u>		Jeffrey S. Sokol		<u>35,686</u>	
Thomas M. Wozny		<u>28,922</u>		William L. Falk		<u>27,709</u>	
Michael E. Taken		<u>28,120</u>					
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.							
<input checked="" type="checkbox"/> Please direct all correspondence to:				Name Thomas M. Wozny			
Address		Andrus, Sceales, Starke & Sawall, LLP <u>CUSTOMER NUMBER 26753</u>					
Address		100 East Wisconsin Avenue, Suite 1100					
City		Milwaukee		State Wisconsin		Zip 53202-4178	
Country		United States		Telephone (414) 271-7590		Fax (414) 271-5770	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Barry Peter</u>				<u>LIVERSIDGE</u>			
Inventor's Signature						Date <u>10/12/2004</u>	
RESIDENCE: City		<u>Colchester GB</u>		State <u>Essex</u>		Country <u>GB</u>	
POST OFFICE ADDRESS		<u>The Wick, Wick Road, Langham,</u>					
City		<u>Colchester</u>		State <u>Essex</u>		Zip <u>C04 5PE</u>	
				Country		<u>GB</u>	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

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DECLARATION	PRIORITY DATA (Supplemental Sheet)
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[illegible]

Additional provisional applications:	
Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)